

Concussion and Gaelic Games

Concussion is a brain injury, take it seriously!

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Contact sport brings about collisions and concussions. No matter what game you are playing, a hit to the head can happen at any time and have any result. The past few months have highlighted the prevalence of concussion in rugby and the silent impact it is having on the players. However it is not just rugby where young players are at risk, Gaelic players are equally vulnerable.

A good game of Gaelic football or hurling is measured by its fielding, physicality, strength and endurance; all ingredients that by no means bring about a gentle game with no bumps and bruises. The game has become increasingly competitive, with bigger and stronger players able to give stronger knocks and who are also taking harder hits. The hits these players are taking to the head are the ones I worry about!

It is easy to talk about a knee injury or an ankle sprain because most are visual; leading to the old fashioned 'I need to see to believe' ruling. Unfortunately this ruling is not applicable to the issue of concussion; the most misunderstood injury of all.

Players need to protect themselves, and they can do this by educating themselves about the injury and sufficient steps to recovery. Players and coaches should all be making themselves aware of, and abide by, the Sports Concussion Assessment Tool (SCAT2). The SCAT2 represents a standardised method of evaluating injured players for concussion. The guidelines are designed to be used by medics on site as well as the team management, parents and players.

Concussion may be caused either by a direct blow to the head, face or neck, or a blow elsewhere on the body, with an 'impulsive' force transmitted to the head. It is a physical injury to the brain, which causes a disruption of normal functioning, just like any other physical injury disrupts your normal functioning. For example, some ankle injuries (i.e. sprains and fractures) are more disruptive than others, just as some brain injuries are more disruptive than others.

Concussion is a hidden injury and so often the responsibility to report it can lie in the hands of the player. Unfortunately players are often their own worst enemy. They are often not honest with their coaches and they are not honest with themselves; no-one will volunteer to sit out. You're a team player; putting your body on the line for the team is what you do.

However if these young players were 100% aware of the risk they were taking then I think their choice may be somewhat different.

Brain Injury specialists Acquired Brain Injury Ireland have outlined guidelines for best practice concussion management through their Concussion Awareness Education Campaign. This campaign answers the questions that coaches and mentors have about Concussion; with recommendations of best practice guidelines. As a result, and in an effort to bring about a significant cultural change toward the issue of concussion, it is up to all coaches and mentors alike to educate and practice for a better approach to concussion management.

It is always best to err on the side of caution when dealing with something as complex and vital as the brain. The brain is made up of soft tissue; cushioned by blood and spinal fluid. When a player gets a knock to the head the brain suddenly shifts inside the skull, knocking against the skull's bony surface. This jolt can happen at a strong force explaining the severity of the individual's concussion. This causes a change in brain function, which can result in a variety of symptoms from headaches and nausea, to sensitivity to light and noise. It is the responsibility of mentors and coaches to educate both themselves, and their players, on the injury of concussion; becoming familiar with all related signs and symptoms, in an effort to diagnose the player correctly.

Any player who continues to play while concussed, or returns to play too soon after a concussion, increases their risk of suffering from Post Concussion syndrome, or even worse Second Impact Syndrome.

Post Concussion Syndrome is a collection of symptoms that some people develop after they have had concussion. It is a complication of concussion. Symptoms of post-concussion syndrome can include headache, dizziness and memory and concentration problems. Symptoms usually clear up within three months after the initial head injury.

Most people with concussion make a full and quick recovery and do not need any treatment. In most cases, concussion does not lead to any long-term problems. However, it is important to note that everyone who has had a head injury, however minor, does need close monitoring for a few days afterwards.

Second Impact Syndrome (SIS) is where a second concussion occurs before a first concussion has properly healed, causing rapid and severe brain swelling and often catastrophic results. Second impact syndrome can result from even a mild concussion that occurs days or weeks after the initial concussion.

A concussed player should be removed from play immediately and should be assessed by a medical doctor. Post-concussive symptoms may intensify with any increase in activity, so it is important that a player's 'return-to-play' is gradual and monitored by a medical professional. Brain tissue needs time to recover after it is injured. How hard the player is hit and the number of recent hits will affect recovery; just like any other injury.

The IRB have started by leading the way with their newly developed Concussion guidelines, IRB Concussion Guidelines. We believe it is now time for the GAA follow suit and stop thinking Concussion is less of an issue in Gaelic Games; both contact sports hold equivalent risk and matching injuries.

The game does not have to change for this issue to be controlled, the intensity, speed and strength can all remain the same; what must change is the societies attitude around the injury of concussion and a players ability to 'shake it off, sure it was just a knock'

Players must now be put first.